

## INFORMATION REQUEST FOR FOREIGN NATIONAL

### Part A. Personal Data

Name (Last, First, Middle)		Address as (Mr., Dr., Professor, etc.)		Date of Birth (date format January 1, 1952)	
Place of Birth (City, State/Region/Province)				Country	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Country(ies) of Citizenship			
Permanent Residence Address				City	
State/Region/Province			Country		Postal Code
<b>If visitor is a Permanent Resident Alien, a copy of the RA card <u>MUST</u> be forwarded to the FI Office (SNL/NM, MS 0891 or Fax 844-5709 – SNL/CA, MS 9113 or Fax 294-1330).</b>					
Permanent Resident Alien (RA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Resident Alien No.		Resident Alien Exp. Date (date format January 1, 2000)		Social Security Number	
Passport Number(s)	Passport Exp. Date(s) (date format January 1, 2000)	VISA Type	VISA Exp. Date(s) (date format January 1, 2000)		

### Part B. Employment Information

Name of Current Employer			
Address			
City	State/Region/Province	Country	Postal Code
Business Telephone	Business Fax		E-mail address
Title or Position/Duties		Field of Expertise	
Name of Place of Work (if different from Current Employer)			
Address			
City	State/Region/Province	Country	Postal Code